"FEE ADDRESS" INDICATION FORM

Address to: Mail Stop M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Fax to: 571-273-6500 - OR -

> **INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

[X] Customer Number: | 25096 |

   OR

[ ] The attached Request for Customer Number (PTO/SB/125) form.

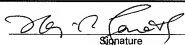| PATENT NUMBER (if known)	APPLICATION NUMBER
6,925,426	09/510,629 Conf #2872

Completed by (check one):

[ ] Applicant/Inventor

[X] Attorney or Agent of record   55,592
                         (Reg. No.)

[ ] Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)

[ ] Assignee recorded at Reel _____ Frame _____

_____
Signature

Rajiv P. Sarathy
Typed or printed name

(206) 359-8000
Requester's telephone number

_____
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[X] *Total of _____ 1 _____ forms are submitted.